



217/782-6762

Refer to: 0311950005 -- Cook County
ITT Harper Corporation
ILD005211545
RCRA-Closure

Log #C-855

March 15, 1988

Mr. Milo -- E.I.T.
ITT Corporation
8200 Lehigh Avenue
Morton Grove, Illinois 60053

Dear Mr. Milo:

The subject hazardous waste management facility was inspected by a representative of this Agency on February 16, 1988. The inspection revealed that the closure activity was completed in accordance with the approved closure plan dated November 18, 1982.

Certification that the ITT Harper Corporation plant had been closed in accordance with the approved closure plan by the owner/operator, yourself, and an independent registered professional engineer, Gary E. Vajda, P.E., of Illinois was received at this Agency December 3, 1987.

The Agency has determined that the closure of the ITT Harper Corporation plant has apparently met the requirements of Interim Status Standards, 35 Ill. Admin. Code, Part 725 (40 CFR, Part 265). Please note, the Agency has withdrawn your Part A dated November 17, 1980 to reflect the status change due to completed closure activities.

If you have any questions, please contact Karen Nachtwey at 217/782-0892.

Very truly yours,

Lawrence W. Eastep, P.E., Manager
Permit Section
Division of Land Pollution Control

LWE:KN:rd0751j/5

cc: Northern Region
USEPA Region V, Mary Murphy
USEPA Region V, Art Kawatachi ✓
Gary E. Vajda, P.E.
Division File
Andy Vollmer
Compliance Section



Environmental Protection Agency

1701 S. First Street Maywood, IL. 60153

312/345-9780

Refer to: 03119505 - Cook County - Morton Grove/ITT Harper

#945

October 22, 1982

Mr. Timothy Milo
ITT Harper
8200 Lehigh Avenue
Morton Grove, Illinois 60053

Mr. Ernie Karlin
ITT Corporation
320 Park Avenue
New York, New York 10022

Dear Mr. Milo:

On August 16, 1982, representatives of the Illinois Environmental Protection Agency (IEPA) conducted an inspection of ITT Harper Corp., Morton Grove, Ill. The purpose of the inspection was to determine your facility's compliance with the Environmental Protection Act, Ill. Rev. Stat. 1982, Ch. 111 1/2, pars. 1001 et seq., as amended, and regulations adopted by the Illinois Pollution Control Board. During the inspection the following apparent violations were observed:

Pursuant to 35 Ill. Adm. Code 725.116, the owner/operator is required to establish and maintain records relating to the training of personnel involved in hazardous waste management, including a description of the job title for each position at the site, a written job description, a description of training and records detailing the training given to each such individual. You are in apparent violation of 35 Ill. Adm. Code 725.116 for the following reasons: No records of job training are maintained on site.

The owner/operator must have a contingency plan at the facility. The contingency plan must address the actions to be taken by facility personnel in response to fires, explosions, or any unplanned release of hazardous waste or hazardous constituents to the environment. The plan must describe the arrangements agreed to by local police, fire departments, hospitals and emergency response teams. The names, addresses, and phone numbers of all persons qualified to act as emergency coordinators must be included in the plan. The contingency plan must list all emergency equipment at the facility, including the location, a physical description, and a brief summary of the capabilities of each item on the list. In facilities where evacuation could be necessary a plan describing evacuation routes and signals used to begin evacuation must be included in the contingency plan. These requirements are pursuant to Subpart D of 35 Ill. Adm. Code 725. You are in apparent violation of Subpart D of 35 Ill. Adm. Code 725 for the following reasons: a) Home addresses for emergency coordinator was not listed. b) No evacuation plan had been developed.


Pursuant to 35 Ill. Adm. Code 725.172 the owner/operator must keep a written operating record at the facility. The operating record must include the following:

- 1) A description and the quantity of each hazardous waste received and the method(s) and date(s) of its treatment, storage or disposal at the facility as required by Appendix I of 35 Ill. Adm. Code 725.173.
- 2) The location and quantity of each hazardous waste within the facility including cross-references to specific manifest document numbers.
- 3) Records and results of waste analyses and trial tests.
- 4) Summary reports and details of all incidents that require implementation of the contingency plan.
- 5) Records and results of inspections.
- 6) Monitoring and testing data.
- 7) All closure cost estimates and for disposal facilities all post-closure cost estimates.

You are in apparent violation of 35 Ill. Adm. Code 725.173 for the following reasons: Items 1 and 2 above had not been developed as required.

You are hereby requested to submit to this office, within 15 days of receipt of this letter, a description of steps taken to correct the apparent violations described in this letter. Failure to correct these apparent violations may result in enforcement actions. Please send your reply to the above address. Should you have any questions concerning this matter, please contact Glenn Sternard of my staff at the above number.

Sincerely,



Kenneth P. Bechely, Northern Region Manager
Field Operations Section
Division of Land Pollution Control

KPB:GJS:prb

Enclosure: Inspection Report

cc: Division File
Northern Region
U.S. E.P.A. - Region V

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION V

DATE: SEP 10 1981

SUBJECT: Closure Plan - ITT Harper, Morton Grove

FROM: Hak Cho, Chief
State Technical Unit #1

THRU: Eugene Meyer, Chief
Technical Programs Section

TO: Judy Kertcher, Chief
Regulatory Analysis and Information Section

STU#1 has reviewed the closure plan for the above facility, EPA ID# ILD 005 211 545, and found it acceptable. The plan proposes to remove a surface impoundment containing spent pickle liquor from steel finishing, EPA hazardous waste No. K 062, in its entirety. The plan calls for neutralization and off-site disposal of 5,000 gallons of sludge and 200 cubic yards of liner material and contaminated soils.

Because the closure financial assurance requirements are not yet in effect, this planned closure has no RCRA financial responsibility implications.

Attached is a proposed public notice advising the public on the availability of the plan. In that the facility is in the Chicago commuting area, and that the closure should be non-controversial, a single public inspection site ought to be sufficient.

Second inspection site, public library or the facility office can be arranged quickly, if this would be more desirable.

5AHMD:WMB:H.CHO:C.MITCHELL:9/9/81

FILE AUDIT REVIEW FORM

Facility Name ITT Harper

EPA ID # Number ICD005211545

Address 8200 Lehigh Ave

Date 1/19/83

Reviewer F Davis

Phone Number _____

Type of installation:
(circle appropriate)

- A. Small Quantity Generator
- B. Non-Regulated
- C. Generator
- D. Transporter
- E. T/S/D

Check the following boxes which apply to this facility and fill out only those forms:

- ☒ State conducted compliance inspection (Enforcement) - Form 1
- ☐ Citizen and congressional inquiries - Form 2A
- ☐ Closure - Form 2B
- ☐ Manifest Discrepancies - Form 2C
- ☐ Notification changes-changes under interim status - Form 3A
- ☐ Groundwater monitoring - Form 3B

General Remarks:

State sent warning letter 10/22/82
Facility responded 11/3/82 but no acknowledgment
by State in file. Per facility's response
no corrective action effective 9/15/82

FORM 1

ENFORCEMENT

	Yes	No	N/A	Remarks
--	-----	----	-----	---------

- (1) Did the installation receive a site inspection by the State?

If facility was inspected please indicate the date of the inspection 8/16/82

- (2) Was the inspection report adequately filled out by the State?

- (3) Was the facility found to be in compliance?

If yes, (A) Did the State send an in compliance acknowledgement or letter to the installation?

If no, (B) How did the State follow-up on Enforcement

Warning Letter
NOV
CO
Reinspection
Other

- (C) How long did it take from the time of the site inspection for the State to follow-up on Enforcement through correspondence with the facility? 11/3/82

- (D) Were the enforcement tool(s) used by the State adequate for the type of violations found?

- (E) Is the facility now in compliance?

- (4) Was the compliance history of this specific facility included in the quarterly inspection and compliance report sent to Region V?

Inspection confirmation of 9/15/82 not indicated in file by State.

INSPECTION AND ENFORCEMENT REVIEW/STATUS

945

ID # ILD005.211545

COMPLIANCE STATUS: IN

VIOLATION CLASS: I II

G T

REVIEWER: Z DavisDATE: 12/28/82FACILITY NAME ITT HarperLOCATION 8200 Lehigh Ave.
Morton Grove, IL 60053INSPECTION REVIEW

ACTION ITEM	STRT DATE	END DATE	RPT COMP	STAT CODE	RESP AGCY	RESP PERS	COMM	FREE FLDS	TYPE INSP	PART AGCY	LINK
1	8/16/82	8/16/82	8/16/82	3	S	20			N		

ENFORCEMENT ACTIONS

ACTION ITEM	DATE ISUD	DATE DUE	DATE RECD	STAT CODE	STAT DATE	RESP AGCY	RESP PERS	COMM	FREE FLDS	PLTY ASSD	PLTY CLTD	DTHR COM	DTHR COMP	LINK
3	10/22/82	11/10/82	-	X	10/22/82	S	20							

COMMENTS:

ENVIRONMENTAL PROTECTION AGENCY STATE OF ILLINOIS

L P C F C O 5 5 C
(1) (8) (9)

INSPECTION REPORT - SITE INVENTORY NO.

(11) (18)

CO. - L.P.C.

Region #

Date

(20) (25)

Letter Sent (Yes or No)

(26)

(Location)

(Responsible Party)

Samples Taken: Yes () No () Time: From : m

Ground Water () Surface () Other () To : m

Photos Taken: Yes () No () Interviewed

Weather

Inspector

(27) (29)

Previous Inspection Previous Correspondence Site Open: Yes () No ()

OPERATIONAL STATUS: TYPE OF OPERATION: AUTHORIZATION:

Operating () Landfill () Storage () E.P.A. Permit ()

Temporarily Closed () Random Dump () Salvage () Variance ()

Closed Not Covered () Other () A.C.D. () 21(e) ()

Closed and Covered () Quantity Received Daily(1-6) Board Order ()

(30) Illegal (5) ()

(31)

IMPROVED

SAME

DETERIORATED

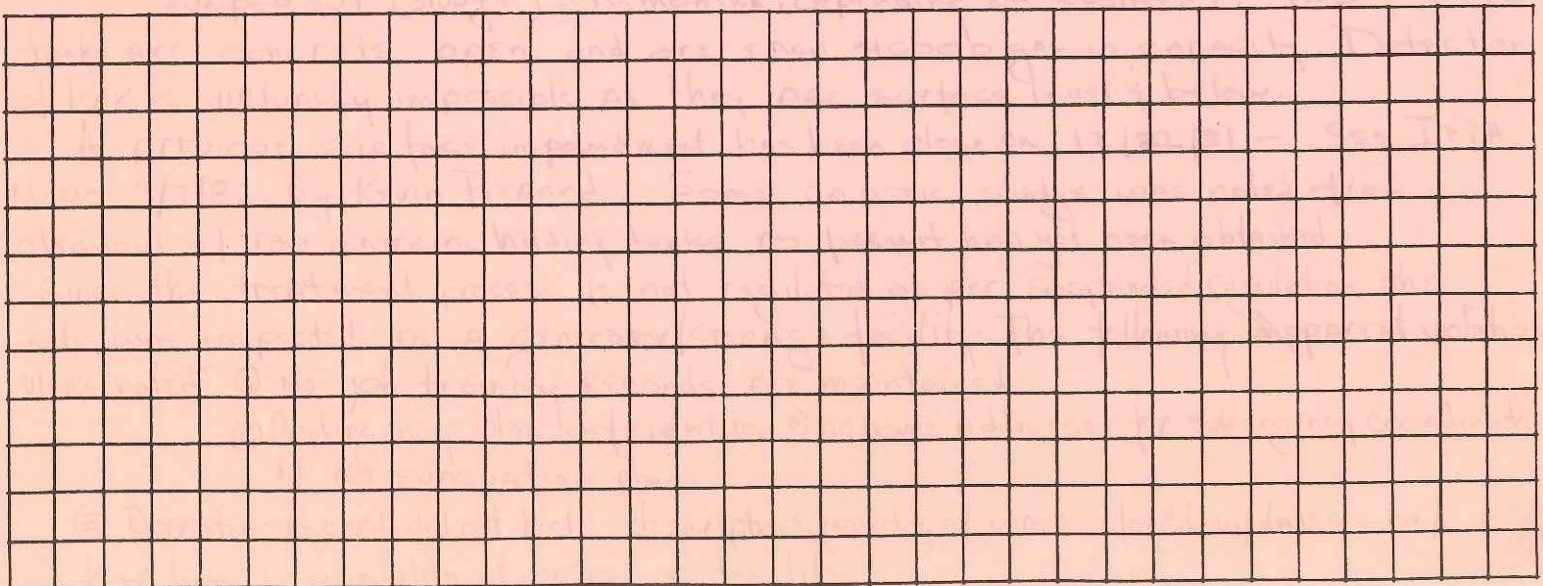
I S or D

(62)

GENERAL REMARKS:

INTERVIEW:

DIAGRAM:



03119505
STATE IDENTIFICATION NUMBER
(If Applicable)

IL0005211545
EPA IDENTIFICATION NUMBER

RCRA INSPECTION REPORT - INTERIM STATUS STANDARDS
TREATMENT, STORAGE, AND DISPOSAL FACILITIES
Form A - General Facility Standards

#945

I. General Information:

- (A) Facility Name: ITT Harper
- (B) Street: 8200 Lehigh Ave
- (C) City: Morton Grove (D) State: IL (E) Zip Code: 60053
- (F) Phone: (312) 966-6000 (G) County: COOK
- (H) Operator: _____
- (I) Street: _____
- (J) City: _____ (K) State: _____ (L) Zip Code: _____
- (M) Phone: _____ (N) County: _____
- (O) Owner: ITT Corp. Ernie Karlin
- (P) Street: 320 PARK AV.
- (Q) City: New York (R) State: NY (S) Zip Code: 10022
- (T) Phone: 212 752-6000 (U) County: _____
- (V) Date of Inspection: 8-16-82 (W) Time of Inspection (From) 11:20 A (To) 2:45 P
- (X) Weather Conditions: 80° Sunny-Clear

pg 11-17 omitted as N/A

(Y)	Person(s) Interviewed	Title	Telephone
	<u>Tim Milo</u>	<u>Plant Eng.</u>	<u>(312) 966-6000</u>
	<u>Ron Formosa</u>	<u>Maintenance Super.</u>	<u>same</u>
	<u>Larry Melton</u>	<u>Mgr. Safety & Security</u>	<u>same</u>
(Z)	Inspection Participants	Agency/Title	Telephone
	<u>Glenn Sternard</u>	<u>EPA / EPS</u>	<u>345-9780</u>
	<u>Kevin Pizarro</u>	<u>EPA / EPS</u>	<u>"</u>
(AA)	Preparer Information		
	Name <u>Glenn Sternard</u>	Agency/Title <u>EPA / EPS</u>	Telephone <u>(312) 345-9780</u>

II. SITE ACTIVITY:

Complete sections I through VII for all treatment, storage, and/or disposal facilities. Complete the forms (in parenthesis) in section VIII corresponding to the site activities identified below:

- | | |
|--|--|
| <p><u>1</u> A. Storage and/or Treatment</p> <p>1. Containers (I)</p> <p>2. Tanks (J)</p> <p>3. Surface Impoundments (K)</p> <p>4. Waste Piles (L)</p> <p><u> </u> B. Land Treatment (M)</p> <p><u> </u> C. Landfills (N)</p> | <p><u> </u> D. Incineration and/or Thermal Treatment (O and P)</p> <p><u> </u> E. Chemical, Physical, and Biological Treatment (Q)</p> |
|--|--|

Note: If facility is also a generator or transporter of hazardous waste complete sections IX and X of this form as appropriate.

III. GENERAL FACILITY STANDARDS:
(Part 265 Subpart B)

	Yes	No	NI*	Remark
(A) Has the Regional Administrator been notified regarding:				
1. Receipt of hazardous waste from a foreign source?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Facility expansion?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(B) General Waste Analysis:				
1. Has the owner or operator obtained a detailed chemical and physical analysis of the waste?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Does the owner or operator have a detailed waste analysis plan on file at the facility?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Does the waste analysis plan specify procedures for inspection and analysis of each movement of hazardous waste from off-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(C) Security - Do security measures include: (if applicable)				
1. 24-Hour surveillance?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Artificial or natural barrier around facility?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Controlled entry?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Danger sign(s) at entrance?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(D) Do Owner or Operator Inspections Include:				
1. Records of malfunctions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Records of operator error?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Records of discharges?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*Not Inspected

1. GENERAL FACILITY STANDARDS - Continued

	Yes	No	NI*	Remarks
4. Inspection schedule?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Safety, emergency equipment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Security devices?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Operating and structural devices?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Inspection log?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
 (E) Do personnel training records include: (Effective 5/19/81)				
1. Job titles?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Job descriptions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Description of training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Records of training?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Have facility personnel received required training by 5-19-81?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Do new personnel receive required training within six months?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
 (F) If required are the following special requirements for ignitable, reactive, or incompatible wastes addressed?				
1. Special handling?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. No smoking signs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Separation and protection from ignition sources?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*Not Inspected

IV. PREPAREDNESS AND PREVENTION:
(Part 265 Subpart C)

(A) Maintenance and Operation
of Facility:

Is there any evidence of fire,
explosion, or release of
hazardous waste or hazardous
waste constituent?

Yes No NI* Remarks

— / —

(B) If required, does the facility
have the following equipment:

1. Internal communications or
alarm systems?

✓ — —

phone system + alarms

2. Telephone or 2-way radios
at the scene of operations?

✓ — —

"

3. Portable fire extinguishers,
fire control, spill control
equipment and decontamination
equipment?

✓ — —

*fire eq. & spill cleanup
equip.*

Indicate the volume of water and/or foam available for fire control:

(C) Testing and Maintenance of
Emergency Equipment:

1. Has the owner or operator
established testing and
maintenance procedures
for emergency equipment?

✓ — —

2. Is emergency equipment
maintained in operable
conditions?

✓ — —

(D) Has owner or operator provided
immediate access to internal
alarms? (if needed)

✓ — —

phone in

*Not Inspected

- (E) Is there adequate aisle space for unobstructed movement? ✓ _____

V. CONTINGENCY PLAN AND EMERGENCY PROCEDURES:
(Part 265 Subpart D)

- (A) Does the Contingency Plan contain the following information:

Yes No NI* Remarks

1. The actions facility personnel must take to comply with §265.51 and 265.56 in response to fires, explosions, or any unplanned release of hazardous waste? (If the owner has a Spill Prevention, Control, and Countermeasures (SPCC) Plan, he needs only to amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this Part (as applicable.)

✓ _____

2. Arrangements agreed by local police departments, fire departments hospitals, contractors, and State and local emergency response teams to coordinate emergency services pursuant to §265.37?

✓ _____

3. Names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinators?

_____ ✓ _____

No addresses

4. A list of all emergency equipment at the facility which includes the location and physical description of each item on the list and a brief outline of its capabilities?

✓ _____

5. An evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? (This plan must describe signal(s) to be used to begin evacuation, evacuation routes, and alternate evacuation routes?)

_____ ✓ _____

Evac. plan in development

V. CONTINGENCY PLAN AND EMERGENCY PROCEDURES - Continued

	Yes	No	NI*	Remarks
(B) Are copies of the Contingency Plan available at site and local emergency organizations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(C) Emergency Coordinator				
1. Is the facility Emergency Coordinator identified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is coordinator familiar with all aspects of site operation and emergency procedures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Does the Emergency Coordinator have the authority to carry out the Contingency Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(D) Emergency Procedures				
If an emergency situation has occurred at this facility, has the Emergency Coordinator followed the emergency procedures listed in 265.56?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Stainless drum in acid produced nitric oxide gas, fire dept. called in, evacuation took place

VI. MANIFEST SYSTEM, RECORDKEEPING, AND REPORTING (Part 265 Subpart E)

	Yes	No	NI*	Remarks
(A) Use of Manifest System				
1. Does the facility follow the procedures listed in §265.71 for processing each manifest?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are records of past shipments retained for 3 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(B) Does the owner or operator meet requirements regarding manifest discrepancies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*Not Inspected

VI. RECORDKEEPING - Continued

(C) Operating Record

1. Does the owner or operator maintain an operating record as required in 265.73?

✓

2. Does the operating record contain the following information:

- **b. The method(s) and date(s) of each waste's treatment, storage, or disposal as required in Appendix I?

— / —

- c. The location and quantity of each hazardous waste within the facility?

— / —

- ***d. A map or diagram of each cell or disposal area showing the location and quantity of each hazardous waste? (This information should be cross-referenced to specific manifest number, if waste was accompanied by a manifest.)

— — ✓/A

- e. Records and results of all waste analyses, trial tests, monitoring data, and operator inspections?

✓ — —

- f. Reports detailing all incidents that required implementation of the Contingency Plan?

✓ — —

- g. All closure and post closure costs as applicable? (Effective 5-19-81)

✓ — —

** See page 33252 of the May 19, 1980, Federal Register.

*** Only applies to disposal facilities

VII. CLOSURE AND POST CLOSURE
(Part 265 Subpart G)

	Yes	No	NI*	Remarks
(A) Closure and Post Closure				
1. Is the facility closure plan available for inspection by May 19, 1981?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Has this plan been submitted to the Regional Administrator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Has closure begun?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Is closure estimate available by May 19, 1981?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(B) Post closure care and use of property				
Has the owner or operator supplied a post closure monitoring plan? (effective by May 19, 1981)				
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Not Applicable</u>

VIII. FACILITY STANDARDS
(Part 265, Subparts I thru R)

I
USE AND MANAGEMENT OF CONTAINERS

Facility Name: ITT-Harper Date of Inspection: 8-16-82

	Yes	No	NI*	Remarks
1. Are containers in good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are containers compatible with waste in them?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are containers stored closed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are containers managed to prevent leaks?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are containers inspected weekly for leaks and defects?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Are ignitable & reactive wastes stored at least 15 meters (50 feet) from the facility property line? (Indicate if waste is ignitable or reactive.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	Yes	No	NI*	Remarks
7. Are incompatible wastes stored in separate containers? (If not, the provisions of 40 CFR 265.17(b) apply.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Are containers of incompatible waste separated or protected from each other by physical barriers or sufficient distance?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

J
TANKS

Facility Name: ITT HARPER

Date of Inspection: 8-16-82

1. Are tanks used to store only those wastes which will not cause corrosion, leakage or premature failure of the tank?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Concrete tanks</u> <u>in ground - NOT COVERED</u>
2. Do uncovered tanks have at least 60 cm (2 feet) of freeboard, or dikes or other containment structures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>2 outer tanks flow into inner</u> <u>tanks which outflow to MSD</u>
3. Do continuous feed systems have a waste-feed cutoff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are waste analyses done before the tanks are used to store a substantially different waste than before?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Continuous process</u>
5. Are required daily and weekly inspections done?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Are reactive & ignitable wastes in tanks protected or rendered non-reactive or non-ignitable? Indicate if waste is ignitable or reactive. (If waste is rendered non-reactive or non-ignitable, see treatment requirements.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>N/A</u>
7. Are incompatible wastes stored in separate tanks? (If not, the provisions of 40 CFR 265.17(b) apply.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>N/A</u>

IV. Open Burning

A. Only complete this part if the facility open burns hazardous waste.

	Yes	No	NI*	Remarks
1. Does this facility burn <u>only</u> waste explosives? (A <u>No</u> answer means <u>other</u> hazardous waste is open-burned.)	—	—	—	
2. If this facility open-burns waste explosives, does it burn the waste at a distance greater than or equal to the minimum specified distance (below)	—	—	—	

Pounds of waste explosives or propellants	Minimum distance from open burning or detonation to the property of others		
0 to 100.....	204 m	670	ft
101 to 1,000.....	380 m	1,250	ft
1,001 to 10,000.....	530 m	1,730	ft
10,001 to 30,000.....	690 m	2,260	ft

Q

CHEMICAL, PHYSICAL and BIOLOGICAL TREATMENT

Facility Name: ITT Harper

Date of Inspection: 8-16-82

	Yes	No	NI*	Remarks
1. Is equipment used to treat only those wastes which will not cause leakage, corrosion, or premature failure?				<u>Exempt temp susp. listed below.</u>
2. Is a continuously fed system equipped with a means of hazardous waste inflow stoppage or control (e.g., cut-off system?)	—	—	—	

*Not Inspected

Note: EPA has temporarily suspended the applicability of the requirements of the hazardous waste regulations in 40 CFR Parts 122, 264 and 265 to owners and operators of (1) wastewater treatment tanks that receive, store, and treat wastewaters that are hazardous waste or that generate, store or treat a wastewater treatment sludge which is a hazardous waste where such wastewaters are subject to regulation under Sections 402 or 307(b) of the Clean Water Act (33 U.S.C. 1251 et seq.) and (2) neutralization tanks, transport vehicles, vessels, or containers which neutralize wastes which are hazardous only because they exhibit the corrosivity characteristic under 40 CFR §261.2 or are listed as hazardous wastes in Subpart D of 40 CFR Part 261 only for this reason.

Complete this section if the owner or operator of a TSD facility also generates hazardous waste that is subsequently shipped off-site for treatment, storage, or disposal.

	Yes	No	NI*	Remarks
(A) Does the operator have copies of the manifest available for review?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(B) Do the manifest forms reviewed contain the following information: (If possible, make copies of, or record information from, manifest(s) that do not contain the critical elements)				
1. Manifest document number?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Name, mailing address, telephone number, and EPA ID Number of Generator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	Yes	No	NI*	Remarks
3. Name and EPA ID Number of Transporter(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Name, address, and EPA ID Number of Designated permitted facility and alternate facility?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. The description of the waste(s) (DOT shipping name, DOT hazard class, DOT identification number)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. The total quantity of waste(s) and the type and number of containers loaded?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Required certification?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Required signatures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(C) Does the owner or operator submit exception reports when needed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

2. PRE-TRANSPORT REQUIREMENTS

(A) Is waste packaged in accordance with DOT Regulations? (Required prior to movement of hazardous waste off-site)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(B) Are waste packages marked and labeled in accordance with DOT regulations concerning hazardous waste materials? (Required to movement of hazardous waste off-site)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(C) If required, are placards available to transporters of hazardous waste?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Omit Section 3 if the facility has interim status and its Part A permit application describes storage

3. On Site Accumulation

	Yes	No	NI*	Remarks
1. Are containers marked with start of accumulation date?	<u>NA</u>	—	—	—
2. Are the containers of hazardous waste removed from installation before they can accumulate for more than 90 days?	—	—	—	—
3. Are wastes stored in containers managed in accordance with 40 CFR Part 265.174 and 265.176 (weekly inspections of containers, containers holding ignitable or reactive wastes located at least 15 meters (50 Feet) from facility's property line)?	—	—	—	—
4. If wastes are stored in tanks, are the tanks managed according to the following requirements?				
a. Are tanks used to store only those wastes which will not cause corrosion leakage or premature failure of the tank?	—	—	—	—
b. Do uncovered tanks have at least 60 cm (2 feet) of freeboard, dikes, or other containment structures?	—	—	—	—
c. Do continuous feed systems have a waste-feed cutoff?	—	—	—	—
d. Are required daily and weekly inspections done?	—	—	—	—
e. Are reactive & ignitable wastes in tanks protected or rendered non-reactive or non-ignitable? (If waste is rendered non-reactive or non-ignitable, see treatment requirements?)	—	—	—	—
f. Are incompatible wastes stored in separate tanks? (If not, the provisions of 40 CFR §265.17(b) apply)	—	—	—	—

VI. RECORDKEEPING and REPORTING
(Part 262, Subpart D)

	Yes	No	NI*	Remarks
(A) Are Manifests, Annual Reports, Exception Reports, and all test results and analyses retained for at least three years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(B) Has the generator submitted Annual Reports and Exception Reports as required?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

VII. INTERNATIONAL SHIPMENTS
(Part 262, Subpart E)

Has the installation imported or exported Hazardous Waste? N/A

(If answered Yes, complete the following as applicable.)

1. Exporting Hazardous waste, has a generator:				
a. Notified the Administrator in writing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Obtained the signature of the foreign consignee confirming delivery of the waste(s) in the foreign country?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Met the Manifest requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Importing Hazardous Waste, has the generator:				
Met the manifest requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

X
TRANSPORTER REQUIREMENTS
40 CFR Part 263

Complete this Section if the owner or operator transports hazardous waste.

I. MANIFEST SYSTEM AND RECORDKEEPING
(Subpart B)

	Yes	No	NI*	Remarks
Are copies of the completed manifests or shipping paper(s) available for review and retained for three years?	<u>N/A</u>	<u> </u>	<u> </u>	

II. INTERNATIONAL SHIPMENTS

A. Does the transporter record on the manifest the date the waste left the U.S.?

B. Are signed completed manifest(s) on file?

V. MISCELLANEOUS

A. Does transporter transport hazardous waste into the U.S. from abroad?

B. Does the transporter mix hazardous waste of different DOT shipping descriptions by placing them into a single container?

NOTE: If (A) or (B) were answered "Yes" then the Transporter is also a Generator and must comply with the Generator regulations.

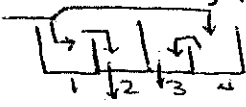
*Not Inspected

REMARKS

Use this section to briefly describe site activities observed at the time of the inspection. Note any possible violations of Interim Status Standards.

ITT HARPER manufactures fastener for use in the aerospace industry. These fasteners are formed from either stainless steel or titanium. The basic site activity is that of extrusion of metal billets to the required specification. The molds/dies for these metal forming processes are produced on site. The parts then may be milled & cold-headed to form the desired product. There are also metal surface treatments (pickling etc) and molten salt heat treatment processes performed on site.

Three vapor degreasers are used, the primary solvent being trichloroethylene generated at the rate of 25 drums/mo. (waste). A Baghouse dust is generated from the Arc Furnaces (20 cu yd/3 months). This dust is accumulated in a covered rolloff box designed for this purpose.

Wastewater/pickling liquor is treated on site and is sent through settling tanks which are set up in series of 2 tanks. Two sets are on site, located in one continuous set of 4 tanks. Tanks function as follows  One set of these tanks is in use at any given time. Total capacity is 160,000 gals. Tanks are open & are below grade, constructed of reinforced concrete. Sludge which accumulates, is pumped out annually.

As the treatment is not regulated at this time as per suspended regulation, the site is considered a generator/storage facility. The following apparent violations were noted:

- ① no job training records are maintained as required

- ② The contingency plan did not include home addresses for emergency coordinators or an evacuation plan.

- ③ The operating record did not list: description & quantities of waste stored



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

ILD005211545

REACKNOWLEDGEMENT

ITT HARPER
8200 LEHIGH AVE
MORTON GROVE

IL 60053

INSTALLATION ADDRESS

8200 LEHIGH AVE
MORTON GROVE

IL 60053

09/28/81

S	W	L	D	0	5	2	/	1	5	4	5	2	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 1 23 - 26	2 F 0 1 0 23 - 26	3 F 0 1 1 23 - 26	4 F 0 1 2 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 K 0 6 1 23 - 26	14 K 0 6 3 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 23 - 26	32 23 - 26	33 23 - 26	34 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)
X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE



NAME & OFFICIAL TITLE (type or print)

H. L. Williamson, President

DATE SIGNED

8/1/80



U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

PLEASE PLACE LABEL IN THIS SPACE

waist
below
label,
single
treated
porter
to the
CATH
inform
(Sect
Recov

FOR OFFICIAL USE ONLY

COMMENTS

[illegible]

I. NAME OF INSTALLATION

[illegible]

II. INSTALLATION MAILING ADDRESS

		STREET OR P.O. BOX																									
C																											
3		8	2	0	0	L	E	H	I	G	H	A	V	E													
15	16																					45					
		CITY OR TOWN																	ST.	ZIP CODE							
C																											
4		M	O	R	T	O	N	G	R	O	V	E										I	L	6	0	0	5

III. LOCATION OF INSTALLATION

		STREET OR ROUTE NUMBER																																			
c																																					
5		8	2	0	0	L	E	H	I	G	H	A	V	E															43								
13	16																																				
		CITY OR TOWN																				ST.	ZIP CODE														
c																																					
6		M	O	R	T	O	N	G	R	O	V	E																I	L	6	0	0	5	49	51	52	57

IV. INSTALLATION CONTACT

[illegible]

V. OWNERSHIP

[illegible]

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL M = NON-FEDERAL		<input checked="" type="checkbox"/> A. GENERATION <small>57</small>	<input type="checkbox"/> B. TRANSPORTATION (complete item VII) <small>58</small>
M		<input checked="" type="checkbox"/> C. TREAT/STORE/DISPOSE <small>59</small>	<input type="checkbox"/> D. UNDERGROUND INJECTION <small>60</small>

VII. MODE OF TRANSPORTATION (transporters only – enter “X” in the appropriate box(es))

☐ ⁶⁴ A. AIR ☐ ⁶⁵ B. RAIL ☐ ⁶³ C. HIGHWAY ☐ ⁶⁴ D. WATER ☐ ⁶⁵ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☐ A. FIRST NOTIFICATION ☒ B. SUBSEQUENT NOTIFICATION (complete item C)

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

~~NOV 18 1986~~ CON

CONTINUE ON REVERSE

I.D. - FOR OFFICIAL USE ONLY															
S														T/A	C
W	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

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1	2	3	4	5	6
F 0 0 1	F 0 1 0	F 0 1 1	F 0 1 2		
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
K 0 6 1	K 0 6 2	K 0 6 3			
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

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(D001)

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(D002)

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(D003)

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X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE (type or print)	DATE SIGNED
E T Vogel	E. T. Vogel - President	11-17-80